PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10125/4134

					<u>' </u>	<u>.</u>						
		CLAIMS A	S FILED - (Column			Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			26				ſ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			26 minus 20=		* 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 mi	nus 3 =	*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT				ľ	+145=		OR	+290=	
* If	the difference	in column 1 is	ess than zero, enter "0" in			column 2	i	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	,	(Column 1)		(Colun		(Column 3)	_	SWALL	EMILLA	UN	SWALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	Ī	X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							+145=		OR	+290=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)							Α.	ADDIT. FEE		1	ADDIT FEE	
AMENDMENT B		CLAIMS		HIGH		(00:0::::0/	r		4001			4001
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		(=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.4144	=	Ī	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JUNPLE DEP	ENDEN	CLAIM			+145=		OR	+290=	
							L	TOTAL			TOTAL ADDIT. FEE	•
(Column 1) (Column 2) (Column 3)								DDIT. FEE		1	ADDII. PEEL	
	\	CLAIMS		HIGHE		(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		Ξ	r	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						` -			UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	;	OR	+290=	
**	f the "Highest Nur	nn 1 is less than th nber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	ΑI	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					foun	d in the app	ropriate box	in coli	umn 1.	